

Washington Metropolitan Area Transit Commission

2012 Carrier Annual Report Form

NEW THIS YEAR:

- Annual reports can now be filed online at www.wmatc.gov. Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.

1. CARRIER:

1071		Total Care Services, Inc.		
*WMATC No. USDOT No. (if applicable) *Name of Carrier (as shown on certificate of authority)				
5000 Philadelphia Way, #J		Lanham	MD	20706-4408
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)				
(301) 918-0070		(301) 918-3872	ladams@totalcare1.com	
*Telephone	Other Telephone	Fax	E-mail	

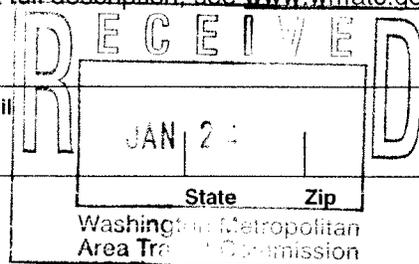
2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Larry Adams	Operations Manager			
*Name	*Title			
(301) 918-0070		(301) 918-3872	ladams@totalcare1.com	
*Telephone	Other Telephone	Fax	E-mail	

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite	City
State		Zip



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2012 Annual Report: Revenue Vehicle List

Name: Total Care Services, Inc.

Trade Name:

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity	*Wheelchair Lift or Ramp Y/N
1	2007	Toyota	5TDZK23CX7S068882	CW1912	DC	7	
2	2007	Toyota	5TDZK23C37S067766	CW1911	DC	7	
3	2007	Toyota	5TDZK23C37S058307	CW2323	DC	7	
4	2008	Chevrolet	1GAHG396571234170	B43205	DC	15	
5	2008	Chevrolet	1GAHC39U471234189	B43633	DC	15	
6	2007	Chevrolet	1GAHG39U271245269	B43697	DC	15	
7	2007	Chevrolet	1GAHG39K081131741	B43666	DC	15	
8	2005	Chevrolet	1GAHG39U761118158	B42061	DC	12	

